SEP 1 6 2004 6		th applicable fee(s), to: <u>Ma</u> or <u>F</u> a	Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000	or Patents ginia 22313-1450	
INSTRUCTIONS This appropriate. After the correcte distributes for notificat	form should be used for transcriptions or directed otherwise ions.	namitting the ISSUE FEB and PU Patent, advance orders and notific e in Block 1, by (a) specifying a r	JBLICATION PEE (if requestion of maintenance fees new correspondence address	uired). Blocks 1 through 5 si will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDE	INCE ÄDDRESS (Note: Use Block I for	rany change of address)	Note: A certificate of Fee(s) Transmittal. Transmittal. Transmittal. Transmittal.	f mailing can only be used for his certificate cannot be used in all paper, such as an assignment	or domestic mailings of the
37211 BASCH & NIC 1777 PENFIELD PENFIELD, NY 1/2004 RFEKADU2 00000	ROAD	2	Ce	te of mailing or transmission. Prifficate of Mailing or Trans this Fee(s) Transmittal is being with sufficient postage for fin uil Stop 15SUE FEE address PTO (703) 746-4000, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
::2501 665.00 DA			Michael	Nickerson	(Depositor's name) (Signature)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				September 16	
APPLICATION NO. 10/077,932	92/19/2002	FIRST NAMED I		BTI-19	CONFIRMATION NO. 7097
APPLN. TYPE nonprovisional	SMALL ENTITY YES	ISSUE FEE \$665	PUBLICATION FEE	TOTAL FEE(§) DUE \$965	DATE DUE 12/10/2004
EX.	AMINER	ART UNIT	CLASS-SUBCLASS	7	
GETZO	W, SCOTT M	3762	600-508000	- ,	
"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.		(2) the name registered at 2 registered itsted, no nar 3E PRINTED ON THE PATENT (• •• •	a member a member a factor a member a factor a member a factor a member a factor a member a m	& Nickerson 1 J. Nickerso
	in 37 CFR 3.11. Completion				
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG		• ,	: (CITY and STATE OR CO	14506	
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Te	chnologies,	Inc. West H	Menrietta, NY		
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Te	echnologies,	Inc. West H	enrietta, Ni		sup cutity 🚨 Government
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Te Please check the appropriata. The following fee(s) at the same fee	echnologies, ate assignee category or categore re enclosed:	Inc. West H ories (will not be printed on the pate 4b. Payment of Fe	enrietta, Ni	Corporation or other private gro	up entity Government
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Te Please check the appropriata. The following fee(s) at the following fee(s) a	echnologies, ate assignee category or categore enclosed: o small entity discount permitte	ories (will not be printed on the pate 4b. Payment of Fe A check in Payment by	ent): Individual (Coe(s): the amount of the fee(s) is entry credit card. Form PTO-203	Corporation or other private gro nolosed 8 is attached.	
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Te Please check the appropriata. The following fee(s) at the same fee	echnologies, ate assignee category or categore enclosed: o small entity discount permitte	ories (will not be printed on the pate 4b. Payment of Fe A check in Payment by XI The Direct	ent): Individual (Coe(s): the amount of the fee(s) is entry credit card. Form PTO-203	Corporation or other private groundlessed. 8 is attached. Change the required fee(s), or	credit any overpayment, to
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Telescentre (A) Please check the appropriate. The following fee(s) at Masue Fee Myublication Fee (No. Advance Order - # 5. Change in Entity State a. Applicant claims	echnologies, ate assignee category or categore enclosed: o small entity discount permitte of Copies us (from status indicated above SMALL ENTITY status. See	ories (will not be printed on the pate 4b. Payment of Fe A check in Payment by The Director Deposit Accounter 37 CFR 1.27.	ent): Individual (Coe(s): the amount of the fee(s) is ended to the fee(s) or is hereby authorized by ont Number 50-2737	Corporation or other private grounclosed. 8 is attached. charge the required fee(s), or continuous an extra continuous an extra continuous and extra conti	credit any overpayment, to opy of this form).
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Te Please check the appropria 4a. The following fec(s) at Missue Fee Multication Fee (Note Advance Order - # 5. Change in Entity State a. Applicant claims The Director of the USPT	ate assignce category or categore enclosed: o small entity discount permitte of Copies us (from status indicated above SMALL ENTITY status. Sec	ories (will not be printed on the pate 4b. Payment of Fe A check in Payment by XI The Direct Deposit Accounter	ent): Individual (Coxe(s)): the amount of the fee(s) is ender or the feed by continuous authorized authorized by continuous authorized authorized by continuous authorized authorized by continuous	Corporation or other private grounclosed. 8 is attached. charge the required fee(s), or or charge the required fee(s). LL ENTITY status. See 37 City maid issue fee to the molical	credit any overpayment, to ppy of this form). RR 1.27(g)(2). tion identified above.
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Te Please check the appropria 4a. The following fec(s) at Missue Fee Multication Fee (Note Advance Order - # 5. Change in Entity State a. Applicant claims The Director of the USPT	ate assignee category or categore enclosed: o small entity discount permitte of Copies us (from status indicated above SMALL ENTITY status. Sec O is requested to apply the Iss Publication Fee (if required) coords of the United States Pat	ories (will not be printed on the pate 4b. Payment of Fe A check in lead Payment by The Director Deposit Accounts b. Applicant ue Fee and Publication Fee (if any) will not be accepted from anyone of ent and Trademark Office.	ent): Individual (Coe(s)): the amount of the fee(s) is endered to the feet feet feet feet feet feet feet	corporation or other private grounclosed. 8 is attached. charge the required fee(s), or or (enclose an extra conduction of the conductio	oredit any overpayment, to opy of this form). FR 1.27(g)(2). tion identified above. e assignce or other party in
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Biophan Tell Please check the appropriate A. The following fec(s) at Masue Fee Multication Fee (Note Advance Order - # 5. Change in Entity State a. Applicant claims The Director of the USPT NOTE: The Issue Fee and interest as shown by the reaches a shown by t	ate assignce category or categore enclosed: o small entity discount permitte of Copies us (from status indicated above SMALL ENTITY status. See O is requested to apply the Iss Publication Fee (if required) scords of the turned States Pat	ories (will not be printed on the pate 4b. Payment of Fe A check in Payment by The Director Deposit Accounts b. Applicant b. Applicant countries b. Applicant countries b. Applicant countries count	ent): Individual (Cox): Individual (Cox): the amount of the fee(s) is every credit card. Form PTO-203 or is hereby authorized by ont Number 50-2737 at is no longer claiming SMA or to re-apply any previous ther than the applicant; a regular control of the cox of th	corporation or other private grounclosed. 8 is attached. charge the required fee(s), or or (enclose an extra conduction of the police of the spolice pistered attorney or agent; or the police of the	credit any overpayment, to ppy of this form). FR 1.27(g)(2). tion identified above. e assignce or other party in

PTOL-85 (Rev. 09/04) Approved for use through 04/30/2007. OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE